



COUNTY OF YORK
APPLICATION FOR STARTING A **NEW HOME BASED** BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Acct#: _____

Date _____
Received: _____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Corp.
Applicant/Owner: _____
(BASED ON OWNERSHIP) _____

Trade Name: _____

Mailing Address: _____
Suite No. Street No./Name P. O. Box
City State Zip Code

Business Address: _____
Street Number Unit Street Name

Date Business Established in York County: _____
MM-DD-YYYY

Federal I.D. # _____ State I.D. # _____ Social Security # _____

Email Address: _____@_____ Website Address: _____

Local Business Phone: () _____ - _____ Corp./Main Office Phone: () _____ - _____

Cell Phone: () _____ - _____ Fax Number: () _____ - _____

Detailed Description of ALL Proposed Business Activities- **if your business activity changes after the initial application, contact the office of the Commissioner of the Revenue prior to initiating the change to determine if it affects your business classification:**

EXAMPLE: CONTRACTOR-Painting; REPAIR-Auto; CONSULTANT-Computer; RETAIL-Beauty Products

Applicant/Ownership Information
List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

NAME _____ SSN: _____

Home Address: _____ Home Phone: _____

NAME _____ SSN: _____

Home Address: _____ Home Phone: _____

Proof of Identification:

Valid through: _____

Proof of Identification:

Valid through: _____

TAX ASSESSMENT

ESTIMATED GROSS RECEIPTS (Rounded)	FEE	TAX	FLAT FEES	TOTAL DUE
\$ _____	\$ _____	\$ _____	+ \$ _____	= \$ _____

FILING PERIOD ESTIMATE: _____ THROUGH _____
MM-DD-YYYY MM-DD-YYYY

OATH: I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license..

Applicant(s) Signature: _____ Date: _____

The completion of this application and payment for county business license shall not be deemed to be approval to prosecute any business without first obtaining Zoning and Use Permits, Required Building Inspections and Fire/Rescue Inspections for the location in which you intend to locate.
(Commissioner of the Revenue – Application for a New Home Based Business)

COUNTY OF YORK
ZONING AND CODE ENFORCEMENT
ZONING CLEARANCE FOR HOME OCCUPATION STATEMENT

Acct#: _____

Date Received: _____

I, the undersigned applicant for a business or professional license, understand that to conduct a business of any nature in a residential district is strictly limited by the Zoning Ordinance of the County of York. All home occupations shall be subject to the following provisions pursuant to Section 24.1-281:

- (a) No person other than individuals residing on the premises shall be engaged on the premises in such operation unless otherwise authorized under Section 24.1-283(e).
- (b) The home occupation shall be clearly incidental and subordinate to the residential use of the property. The use may not exceed four hundred (400) square feet or twenty-five percent (25%) of the floor area of the residence, whichever shall be less.
- (c) There shall be no change in the outside appearance of the building or premises or other evidence of the conduct of such home occupation visible from the street or adjacent properties. Signs and outdoor storage are not permitted.
- (d) There shall be no on-premises sales of goods or materials to the general public except as may be authorized by special use permit in accordance with the standards established in Section 24.1-283.
- (e) Such home occupation shall not generate traffic, parking, sewage or water use in excess of that which is normal in the residential neighborhood.
- (f) No mechanical or electrical equipment or flammable or toxic substances shall be utilized other than that which would customarily be utilized in the home in association with a hobby or avocation not conducted for gain or profit.
- (g) Any demand for parking generated by the conduct of such home occupation which is in addition to the spaces required for the residential use shall be accommodated off the street in a suitable located and surfaced space. Parking must be ten feet (10') [3m] from any property line and where three (3) or more spaces are required they shall be effectively screened and buffered by landscaping from view of adjacent residential properties and the home occupation shall be authorized only by issuance of a special use permit by the board. If more than five (5) parking spaces are required in addition to the residential use for the home occupation, the home occupation shall be prohibited.
- (h) The occupation or activity shall not require the use of machinery or equipment that creates noise, odor, smoke, dust or glare or is dangerous or otherwise detrimental to persons residing in the home or on adjacent property. Commercial vehicles must be kept in a garage or an enclosed and screened storage yard.
- (i) No equipment or process used as a part of the occupation or activity shall disrupt residents of nearby dwellings.
- (j) No heavy truck or vehicle or piece of equipment having a gross rated carrying capacity of more than one (1) ton [900kg] gross weight shall be parked or stored on or operated from the site in connection with a home occupation unless such vehicle or equipment has been specifically authorized in conjunction with a use permit authorizing a small contracting business.

OATH: I the undersigned applicant do swear (or affirm) that I have read the above conditions and the foregoing statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this application for Zoning Clearance for Home Occupation.

Name of Applicant(s) – Please Print	Signature of Applicant(s)	I intend to use my home (please initial as applicable): _____ As an Office in home only _____ To keep less than 6 children _____ To instruct 4 or less at one time _____ Other – Explain:
Trade Name of Business (if applicable)	Telephone Number	
Location of Business/Street Address	Date of Application	

Describe in Detail Nature of Business to be Operated at the Above Street Address

For Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied by: _____		
_____ Signature	_____ Title	_____ Date

Zoning And Code Enforcement

ZONING CLEARANCE FOR HOME OCCUPATION STATEMENT